

No. 99982

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99982 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Joseph Stubler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 16 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Typhus mesenterica

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 25th 87

{ Undertaker, E. France }

{ Place of Business, 3rd & W. W. Address, S. Wolfen 318. }

William Henkel M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99983

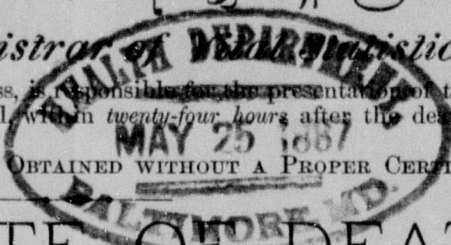
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99983 Office of Registrar of **Vital Statistics**. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 23^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Gunther

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 71 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Retired Dentist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give Street and Number. } # 1405 E. Baltimore St

Cause of Death, { First (Primary), Second (Immediate), } Nephritis
Cerebral Effusion

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 25. /87

{ Undertaker, M. A. Dwyer, Atty. } H. E. Hooks M. D.
Medical Attendant.

{ Place of Business, 229 S. Bay. } Address, 1579 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Permit No. 99984 Office of Registrar and Vital Statistics. Ward 9^u
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1889
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rashelle Payne (Col)
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Nineteen Years, Three Months, Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Domestic
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give Street and Number. } 115 W Lombard St.
Cause of Death, { First (Primary), } Fatty Degeneration of Kidneys
{ Second (Immediate), } Heart Failure
Duration of Last Sickness, Seven weeks
All the above information should be furnished by the Physician.
Place of Burial, Shop Street
Date of Burial, 5-26-89
{ Undertaker, Sam W. Chase } H. L. Hutto M. D.
{ Place of Business, 118 S. Howard St. } Address, 115 W. Lombard St.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99985

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99985 Office of Registrar of Deaths Statistics. Ward 9²

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1887

Full Name of Deceased, Nelson C. Ryan

Sex, Male ~~Female~~

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widower or Widowed

Occupation, Unknown

Birth Place, Maryland

Duration of Residence in the City of Baltimore, Two days

Place of Death, City Hospital Calvert St.

Cause of Death, Railroad accident
Shock

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Perriman's P.W. & B.R.R.

Date of Burial, 25th May 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, 201 W. Montego St. Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99986 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th May, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Jussil

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 Years, _____ Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1040 West Lexington St.

Cause of Death, { First (Primary), _____
Second (Immediate), Old Age }

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 27

{ Undertaker, J B Cook } C. P. Littell M. D.
Medical Attendant.

{ Place of Business, 1003 W Baltimore } Address, Gayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99987 Office of Registrar Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1887.

Full Name of Deceased, Henry Brunning { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female { Cross out the word not required in this line. }

Age, 29 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation, Painter (Employed by B.O.R.R.)

Birth Place, Baltimore Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Transfer Bridges, Beach Point { Give Street and Number. }

Cause of Death, Drowning (Accidental -)
Asphyxia { First (Primary), Second (Immediate), }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, May 26

Undertaker, J.B. Cook J.F. Flannery M. D. Coroner

Place of Business, 1003 W. Baltimore Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 999

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99988 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Ethel Horsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Six (6) Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 1110 Warner St.

Cause of Death, { First (Primary), Teething
Second (Immediate), Convulsions.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~

Date of Burial, May 25 1887

{ Undertaker, Geo Perkins } William Roth M. D. Medical Attendant.

{ Place of Business, 184 Hamlet } Address, # 1018 S. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99989

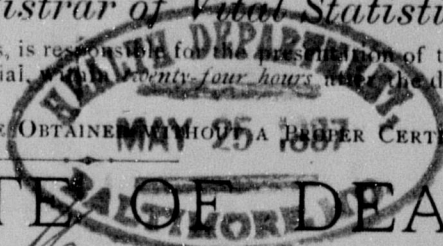
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99989 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, 6. 30th May 24. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Watkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Living maid

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness, 4 yrs. 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, May 25th 1887

Undertaker, H. O. Bishop

Place of Business, 47 David St. Address, 510 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 99990

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99990

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23?

Full Name of Deceased, Richard Webster

Sex, Male or Female, Male

Age, 39 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Essex Co. Va.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, # 1308, 21st St

Cause of Death, Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25th 1887

Undertaker, W. O. Bishop

Place of Business, 97 South Hill

John L. Huck M. D.

Medical Attendant.

Address, 1151 Ar. & P. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022

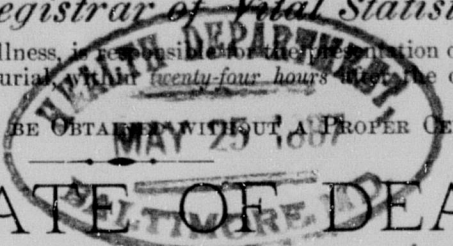
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99991 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, 24 May, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Keener Dowling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 620 Warner st.

Cause of Death, { First (Primary), Marasmus Second (Immediate), }

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 26 1887

{ Undertaker, Wm. Dickner & Sons John H. Hood, M. D. Medical Attendant. }

{ Place of Business, 22 S. Eutaw St. Address, 1403 W. Fayette St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]